

MEDICATION PERMISSION FORM
Prescription and Non-Prescription Medications

This form must be completed fully in order for schools to administer the required medication. A **new** Medication Permission Form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.

- + Prescription medication must be in a container labeled by the pharmacist or prescriber
- + Non-prescription medication must be in the original container with the label intact
- + An adult must bring the medication to the school
- + Parent must provide a back-up medication to the School Health Office if the student is carrying an Inhaler or EpiPen

Prescriber's Authorization

Name of student: _____ DOB: _____ Grade: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/Frequency of administration: _____

If PRN, Frequency & for what symptoms: _____

Relevant side effects: _____ None expected _____ Specify: _____

Prescriber's Name/Title: _____ *Use Below Space for Address Stamp*

Telephone: _____ Fax: _____

Address: _____

Prescriber's Signature: _____ Date: _____

(Original signature or signature stamp ONLY)

PARENT/GUARDIAN AUTHORIZATION

I/We request designated school personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/We have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We authorize the School Nurse to communicate with the health care provider as allowed by HIPAA. I/We do hereby release, discharge and hold harmless the school district its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child should they develop a reaction from the medication.

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Parent/Guardian Signature _____ Date: _____

SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self-carry/self-administration of **emergency** medication may be authorized by the prescriber and will be evaluated by the School Health Office Staff for competency in self-administration. (i. e. Inhaler, EpiPen).

Prescriber's authorization for self-carry/self-administration of emergency medication:

Signature Date